The General Assembly finds:

(1) Serious disparities exist between the amounts commercial health insurers in Vermont reimburse health care professionals for the same services in different settings. The differences are particularly significant for the amounts paid for the services of a health care professional practicing at an academic medical center and those of a health care professional in an independent medical practice or community hospital setting. ~~For example, as of January 2015, Blue Cross Blue Shield of Vermont provided the following reimbursement amounts for physician services:~~

~~(A) for an office consultation visit for an established patient, CPT code 99213, $78.00 for a physician in an independent practice and $177.00, or 2.3 times that amount, for a physician employed by the University of Vermont Medical Center (UVMMC);~~

~~(B) For a diagnostic, screening colonoscopy, CPT code 45378, $584.00 for a physician in an independent practice and $1,356.00, or 2.3 times that amount, for a physician employed by UVMMC; and~~

~~(C) For removal of a single skin lesion for biopsy, CPT code 11000, $109.00 for a physician in an independent practice and $349.00, or 3.2 times that amount, for a physician employed by UVMMC.~~

2) Physician Reimbursement rate at community hospitals face similar disparities in their reimbursement rates to those of independent physicians.

~~(3) Low reimbursement rates have placed unnecessary burdens on health care professionals in independent practices, causing many of them to close~~

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~~their practices or affiliate with academic medical centers or other hospitals.~~

(3) Physicians cite low reimbursement rates from Medicaid and commercial insurers as one of the causes leading to practices closing or affiliating with hospitals

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(4) The General Assembly asked the Green Mountain Care Board, the commercial insurers, and others address the issue of the disparity in reimbursement amounts to health care professionals in 2014 Acts and Resolves No. 144, Sec. 19; 2015 Acts and Resolves No. 54, Sec 23; and 2016 Acts and Resolves No. 143, Sec. 5, but little progress has been made to date.

Sec. B. HEALTH CARE PROFESSIONAL PAYMENT PARITY WORK GROUP

(a) Creation. There is created a health care professional payment parity work group to assist the Green Mountain Care Board to determine how best to ensure fair and equitable reimbursement amounts to health care professionals for providing the same services in different settings. The Chair of the Green Mountain Care Board or designee shall convene the work group and shall coordinate its efforts, and the work group shall have administrative support from the Green Mountain Care Board.

(b) Membership. The work group shall be composed of the following members:

(1) the Chair of the Green Mountain Care Board or designee;

(2) a representative of each commercial health insurer with 5,000 or more covered lives in this State;

(3) a representative of independent physician practices, appointed by Health First;

(4) a representative of the University of Vermont Medical Center;

(5) a representative of Vermont's community hospitals, appointed by the Vermont Association of Hospitals and Health Systems;

(6) a representative of Vermont's federally qualified health centers, appointed by Bi-State Primary Care Association;

(7) the commissioner of the Department Vermont Health Access and

(8) the Vermont Health Care Ombudsman.

(c) Powers and duties. With input from the work group, the Green Mountain Care Board shall develop a plan for reimbursing health care professionals in a fair and equitable manner, including the following:

(1) proposing a process for reducing the disparities in reimbursement amounts for health care professionals across all settings ~~by at least 10 percent per year for at least the next 4 years~~, which shall include:

(A) ~~a process for~~ evaluating the impact ~~of for~~ increasing the reimbursement amounts for lower reimbursed ~~paid~~ providers and reducing the reimbursement amounts for the highest reimbursed ~~paid~~ providers;

(B) ensuring that there will be no overall negative impact on reimbursements rates

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for providers in independent practice and at community based hospitals and

(C) ensuring that there will be ~~no negative impact on~~ increase in medical costs or increase in health insurance premiums as a result of ~~the~~ any~~the~~ adjusted reimbursement amounts resulting from the Board's plan;

(D) ensuring the impact of new Value Based Reimbursement Models, such as the All Payer ACO Model, is considered within any new proposed reimbursement;

(E) establishing a process wherein the Board will create oversight and enforcement processes for ensuring connection between independent provider reimbursement, hospital budget revenue, and health insurance rate.

(2) developing a timeline for implementation of the provider payment parity plan, ~~including identifying the time frame for revising the reimbursement amounts for each category of health care services; and~~

(3) enforcement and accountability provisions to ensure measurable results.

(d) Reports.

(1) The Green Mountain Care Board shall provide an update on its progress toward achieving provider payment parity at each meeting of the Health Reform Oversight Committee during the 2017 legislative interim.

(2) On or before November 1, 2017, the the Green Mountain Board shall submit a final timeline and implementation plan, and propose any necessary legislative changes, to the Health Reform Oversight Committee, the House Committee on

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Health Care, and the Senate Committees on Health and Welfare and on Finance.

Sec. C. SITE-NEUTRAL PAYMENT AMOUNTS

(a) Health care provider practices newly acquired by or affiliated with hospitals on or after October 1, 2017 shall be reimbursed on the same basis as they were prior to the date of the acquisition or affiliation.

(b) On and after October 1, 2018, health care provider practices newly acquired by or affiliated with hospitals between November 2, 2015 and September 30, 2017 shall be reimbursed as though the acquisition or affiliation had not occurred